

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90197 034 ***550.00

DOCUMENT # F01000004862

1. Entity Name
KALDNES MILJOTEKNOLOGI AS

Principal Place of Business

RAMBERGV 5
3115 TONSBORG
NORWAY

Mailing Address

P.O. BOX 2011
3103 TONSBORG
NORWAY

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

76 DORRANCE ST # 200

200

PROVIDENCE RI

02903

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **ANDERSEN, TERJE**
STREET ADDRESS **RAMBERGV 5**
CITY-ST-ZIP **3115 TONSBORG, NORWAY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **JOHNSON, CHANDLER**
STREET ADDRESS **76 DORRANCE STREET**
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CROOK, NEVILLE**
STREET ADDRESS **110 SPARROW HAWK WAY**
CITY-ST-ZIP **HARTFORD HUNTINGDON, CAMBS, UK**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EDWARDS, KEITH**
STREET ADDRESS **3 GROVE END**
CITY-ST-ZIP **HILTON, CAMBRIDGESHIRE, ENGLAND**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **AHNBERG, MAT ANDERS L**
STREET ADDRESS **TROLLSJOV, 129, S-237 33**
CITY-ST-ZIP **BJARRED, SWEDEN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LOFQVIST, ANDERS E**
STREET ADDRESS **ALNARPSGATAN 59, SE 25663**
CITY-ST-ZIP **HELSINGBORG, SWEDEN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supported with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHANDLER H. JOHNSON
DIRECTOR/VICE PRES.
SECRETARY

Date

Daytime Phone #

CR2E034 (4/02)